IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**

A. ADMINISTRATIVE AUTHORITY: The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities. (Section A of the work plan outlines actions to collect, aggregate, report, and analyze data in accordance with performance measures specified in Appendix A (Waiver Administration and Operation) of the 3.5 Waiver Application.)

7. **Revised** - Distribution of Waiver Operational and Administrative Functions. In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):

In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.

Function	Medicaid Agency	Contracted Entity	Performance Measure
Participant waiver enrollment	☒	☐	n/a – Level of care and plan of care are addressed under other functions. Financial eligibility determination is a DHS function.
Waiver enrollment managed against approved limits	☒	☐	n/a – Management of waiver enrollment is a DHS function through ISIS workflow and review of reports
Waiver expenditures managed against approved levels	☒	☐	n/a – Management of waiver expenditures is a DHS function through ISIS / MMIS
Level of care evaluation	☒	☒	**a.i.a.1- a.i.a.11**
Review of Participant service plans	☒	☐	n/a – This is a DHS function of service plan reviews conducted and documented through the ISIS workflow process.
Prior authorization of waiver services	☒	☐	n/a – Authorization of services is a DHS function. ISIS workflow allows specific waiver services and expenditures over the authorized limit is conducted through exceptions to policy
Utilization management	☐	☐	n/a - This is a DHS function through ISIS workflows and MMIS

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008						
PM No.	**Action Step No.**	**Action Steps**			**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
					reports on plan authorization, units not exceeding plan authorizations and utilization below plan requests.		
		Qualified provider enrollment	☒	☒	**a.i.b.1. - a.i.b.21.**		
		Execution of Medicaid provider agreements	☒	☒	**a.i.c.1. – a.i.c.4.**		
		Establishment of a statewide rate methodology	☒	☐	n/a – This is a DHS function through Chapter 79 administrative rules on allowed rates and establishment of rate setting methodology.		
		Rules, policies, procedures and information development governing the waiver program	☒	☐	n/a – Rules, policies and procedures governing the waivers are a DHS function.		
		Quality assurance and quality improvement activities	☒	☒	**a.i.d.1. - a.i.d.9.**		

PERFORMANCE MEASURES

Performance Measures (PM) related to each work plan action step is listed in the first column of the grid. For reference, all performance measures for this section are listed below.

a.i.a. Level of care evaluation

a.i.a.1. Medicaid review of the Medical Services Contractor quarterly reports, which must be submitted within 10 business days of the end of the reporting quarter. For the purposes of system monitoring and improvement, number and percentage of level of care appeals with a judgment for the member.

a.i.a.2. Number and percentage of monthly contract management reports, which include data on the timeliness and outcomes of level of care determinations, submitted within three (3) business days of the end of the reporting period.

a.i.a.3. Number and percentage of monthly performance monitoring report cards, which include data on the timeliness and outcomes of level of care determinations, submitted within ten (10) business days of the end of the reporting period.

a.i.a.4. Utilizing Medical Services DHS approved internal quality control procedures, the number and percentage of retrospective desk reviews, which indicate that level of care determinations were not accurately and appropriately completed.

a.i.a.5. Number and percentage of inaccurate or inappropriately completed level of care evaluations that were identified resulting in education and training of the applicable review coordinator.

a.i.a.6. Number and percentage of level of care determination operational procedure manual updates and training on changes provided within two (2) weeks of the upgrade.

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**

a.i.a.7. Number and percentage of inaccurate or untimely level of care determination responses/resolutions provided to the DHS Unit Managers Team within two (2) business days of receipt of requests made in any form (e.g., e-mail, phone) on routine issues or questions.

a.i.a.8. Number and percentage of inaccurate or untimely level of care determination responses/resolutions provided to the DHS Unit Managers Team within one (1) business day on emergency requests, as defined by the State.

a.i.a.9. Number and percentage of deficiencies identified and provided to DHS within two (2) business days of receipt of requests made in any form (e.g., e-mail, phone) on level of care determinations.

a.i.a.10. Number and percentage of corrective actions following identification of deficiencies provided to DHS within two (2) business days of receipt of requests made in any form (e.g., e-mail, phone) on level of care determinations.

a.i.a.11. Number and amount of compensation withholdings annually applied for inappropriate, inaccurate and/or untimely level of care determinations. The contractual withholdings schedule and specific conditions for said withholdings are set forth in MED-04-015-B Contract _Medical Services. If the total amount withheld for failure to perform a requirement or meet a standard under this Contract is greater than one hundred dollars ($100.00) for more than three (3) consecutive months during or after the term of the Contract the Contractor shall forfeit five (5%) of the withheld amount to DHS.

a.i.b. Qualified provider enrollment

a.i.b.1. The Provider Services Contractor shall conduct surveys using performance standards, instruments and methodology approved by DHS. In SFY 2008 and thereafter a statistically valid survey shall demonstrate that Medicaid providers are 20% more satisfied with provider services recruitment and enrollment processes (excluding claims payment and adjudication services) than in SFY 2005.

a.i.b.2. Using DHS approved Contractor internal control all enrollment information and responses to Medicaid providers by the Contractor must be consistent regarding accuracy and content.

a.i.b.3. The Provider Services Contractor shall demonstrate that the Iowa Medicaid provider network is sufficient to provide the same access to medical services as that available to members of the public who have comprehensive health insurance coverage.

a.i.b.4. Number and percentage of provider enrollment packets not sent to the provider no later than one business day following the receipt of the request from the provider.

a.i.b.5. Number and percentage of provider enrollment packets that are not processed according to contractual performance standards, those being, provider enrollment applications must be approved, assigned a provider number, entered in the provider file, denied, or returned to the provider for additional information within 5 business days of receipt of the application.

a.i.b.6. Number and percentage of provider enrollment applications verified against the appropriate licensing entity and against additional specialty credentials.

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
a.i.b.7. Number and percentage of providers having valid licensing criteria and the specialty credentials at the time of approval of the provider enrollment application. a.i.b.8. Number and percentage of inaccurate online enrollment update transactions and, of that number, percentage of detected errors which are corrected within one business day. a.i.b.9. Number and percentage of new and updated providers manuals available for distribution to enrolled providers within ten business days of written approval by DHS . a.i.b.10. Number and percentage of newsletters, bulletins, inserts and other special mailings available for distribution potential, new and enrolled providers within five business days of written approval by DHS. a.i.b.11. Number and percentage of provider manuals disseminated to newly enrolled providers within three business days of receipt of the request. a.i.b.12. Number and percentage of website updates of provider publications occurring within two business days of approval of the information by DHS. a.i.b.13. Number and percentage of monthly contract management reports on provider enrollment processes submitted within three (3) business days of the end of the reporting period. a.i.b.14. Number and percentage of monthly provider enrollment performance monitoring report cards submitted within ten (10) business days of the end of the reporting period. a.i.b.15. Number and percentage of operational procedure manuals updated and training on operational changes provided within two (2) weeks of the upgrade to newly enrolled and established providers. a.i.b.16. Number and percentage of responses/resolutions provided to the DHS IME Unit Managers Team within two (2) business days of receipt of requests made in any form (e.g., e-mail, phone) on provider enrollment issues. a.i.b.17. Number and percentage of responses/resolutions provided to the DHS IME Unit Managers Team within one (1) business day to DHS Project Management Team on emergency requests, as defined by the State, on provider enrollment issues. a.i.b.18. Number and percentage of deficiencies identified and provided to DHS within ten business days of receipt of discover of a problem found through the internal quality control reviews of provider enrollment processes. a.i.b.19. Number and percentage of corrective actions applied within ten business days of receipt of discover of a problem found through the internal quality control reviews of provider enrollment processes. a.i.b.20. Number and percentage of provider enrollment corrective action commitments not completed within the time frame specified. a.i.b.21. Number and amount of compensation withholdings annually applied for inaccurate and / or untimely provider enrollment issues. The contractual withholdings schedule and specific conditions for said withholdings are set forth in MEDS-04-015-C Contract_Provider Services. If the total amount withheld for failure to perform a requirement or meet a standard under this					

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**

Contract is greater than one hundred dollars ($100.00) for more than three (3) consecutive months during or after the term of the Contract the Contractor shall forfeit five (5%) of the withheld amount to DHS.

a.i.c. Execution of Medicaid provider agreements

a.i.c.1. Number and percentage of newly enrolled provider enrollment packets that do not contain a signed Medicaid provider agreement.

a.i.c.2. Number and percentage of provider enrollment packets without a signed Medicaid provider agreement appropriately remedied by Provider Services.

a.i.c.3. Number and percentage of provider re-enrollments having a timely enrollment renewal signature date on IMEservices.org.

a.i.c.4. Number and percentage of provider re-enrollments without a enrollment renewal signature appropriately remediably by Provider Services.

a.i.d. Quality assurance and quality improvement activities

a.i.d.1. Utilizing a statistically valid sample, a consumer survey shall demonstrate the number and percentage of Medicaid members that are:

1. Satisfied with the services which they receive,
2. Healthy and safe in their homes, and
3. Benefiting from service provision.

a.i.d.2. Number and percentage of technical assistance phone calls, on-site support or mailings to providers regarding remediation of HCBS requirement issues initiated within ten working days of referral.

a.i.d.3. Number and percentage of technical assistance on-site support visits to providers regarding resolution of certification / enrollment issues initiated within twenty working days of referral.

a.i.d.4. Number and percentage of corrective action plans required when the provider's policies and procedures are in non-compliance with Medicaid requirements and/or Iowa Administrative code. Corrective action plans will be categorized into one or more of the following remedial categories:

1. Non-compliance with existing rule requirements including policy and procedure implementation
2. Inappropriate billing issues
3. Complaint or abuse investigations regarding service implementation.
4. Enrollment / certification review issues
5. Issues addressing the health, safety, and welfare of waiver consumers

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
6. Issues which may disrupt consumer service provision a.i.d.5. Number and percentage of consumer enrollment issues identified and appropriately remedied. a.i.d.6. Number and percentage of consumer utilization issues identified and appropriately remedied. a.i.d.7. Number and percentage of substantiated complaints that were individually remediated in a timely fashion. a.i.d.8. Number and percentage of quarterly contract management reports, which include data on waiting slot lists, service utilization by program / service, training activities, technical assistance activities, vacancies and updates on new hires no later than October 10, January 10, April 10 and July 10 of each year. a.i.d.9. Listing of statewide quarterly meetings including the following: 1. Coordination, operation and facilitation of ICN sites 2. Development of training material 3. Organization and distribution of training material 4. Departmental information letters and interagency transmittals 5. Requests for specific trainings by the Department, providers, case management entities, ISAC, and other stakeholders.					
SECTION GOALS: 1) To obtain CMS approval of a revised 3.5 waiver application, which incorporates recommendations from Thomson Reuters representative regarding performance measures, processes, data collection and analysis. **(Assurance a.i.; Action Steps A.1-2.)**					
A-1 Goal: To obtain CMS approval of a revised 3.5 waiver application, which incorporates recommendations from Thomson Reuters representative regarding performance measures, processes, data collection and analysis. **(Assurance a.i.; Action Steps A.1-2.)**					
a.i.a.1. – a.i.a.11. a.i.b.1. - a.i.b.21.	A.1.	Review and modify, as necessary, all performance measures, processes, data collection and analysis methods to accurately reflect current practices.	HCBS Services Unit	10/31/2008	

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
a.i.c.1. - a.i.c.4. a.i.d.1. - a.i.d.9.					
a.i.a.1. – a.i.a.11. a.i.b.1. - a.i.b.21. a.i.c.1. - a.i.c.4. a.i.d.1. - a.i.d.9.	A.2.	Submit this work plan to CMS for approval.	Bureau of Long Term Care Services	10/31/2008	

B. LEVEL OF CARE: (Section B of the work plan outlines actions that must be completed for the state to collect, aggregate, report, and analyze data in accordance with performance measures specified in Appendix B (Evaluation / Reevaluation of Level of Care) of the 3.5 Waiver Application.)

PERFORMANCE MEASURES

Performance Measures (PM) related to each work plan action step is listed in the first column of the grid. For reference, all performance measures for this section are listed below.

a.i.a. Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

a.i.a.1. Number and percentage of initial level of care assessments not completed within two (2) business days of submission of a complete application.

a.i.a.2. Number and percentage of failed MMIS edit checks performed to determine whether submitted claims are valid for newly enrolled participants as measured by a valid LOC date.

a.i.b. Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.

a.i.b.1. Number and percentage of members who have a level of care determination completed within 12 months of their initial evaluation or last annual reevaluation.

a.i.c. Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.

a.i.c.1. Number and percentage of initial level of care determinations made for which the criterion was accurately and appropriately applied for the determination.

a.i.c.2. Number and percentage of reevaluation level of care determinations for which the criterion was accurately and appropriately applied for the determination.

SECTION GOALS:

1) To revise the established processes for collecting, reporting, aggregating and analyzing Medical Services Unit's performance and remediation data relative to the timeliness and accuracy of initial and annual level of care determinations. **(Sub-assurance a.i.a.1, a.i.b.1., a.i.c.1-2.; Action Steps B.1-3., B5-17.)**

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
2) To collect performance data from the MMIS / ISIS systems relative to the timeliness of initial level of care determinations by monitoring the denial of claims where there is no LOC eligibility determination. **(Sub-assurance a.i.a.2; Action Steps B.4-8.)** 3) To revise the established processes for collecting, reporting, aggregating and analyzing performance and remediation data for continued stay reviews (CSR). **(Sub-assurance a.i.a.2, a.i.b.1.; Action Steps B.1., B.5-13.)** 4) To revise IME Medical Services Unit Waiver Programs Internal Quality Control Reviews to collect performance data relative the accuracy of initial and annual level of care determinations. **(Sub-assurance a.i.c.1-2.; Action Steps B.1., B.3., B.14-17.)**					
B-1 Goal: To revise the established processes for collecting, reporting, aggregating and analyzing Medical Services Unit's performance and remediation data relative to the timeliness and accuracy of initial and annual level of care determinations. **(Sub-assurance a.i.a.1, a.i.b.1., a.i.c.1-2.; Action Steps B.1-3., B5-17.)**					
a.i.a.1. a.i.b.1 a.i.c.1 a.i.c.2	B.1.	Finalize sampling methodology revisions to utilize representative sample at a 95% confidence level.	Medical Services Unit	7/1/2009	
a.i.a.1.	B.2.	Modify monthly and quarterly data reports from Medical Services to identify and remediate initial and annual level of care determinations not completed within (2) business days of receipt of a complete application.	Medical Services Unit	12/31/2008	
a.i.c.1 a.i.c.2	B.3.	Modify monthly reports from Medical Services to identify and remediate inaccurate initial and annual level of care determinations.	Medical Services Unit	11/1/2008	
B-2 Goal: To collect performance data from the MMIS / ISIS systems relative to the timeliness of initial level of care determinations by monitoring the denial of claims where there is no LOC eligibility determination. **(Sub-assurance a.i.a.2; Action Steps B.4-8.)**					
a.i.a.2	B.4.	Submit an IT request for generation of a monthly MMIS / ISIS report showing denials of claims because there is not a valid initial LOC eligibility determination.	Bureau of Long Term Care Services	12/31/2008	
a.i.a.2	B.5.	Revise current procedures into a written policy describing the process whereby waiver program managers' review monitored	Bureau of Long Term Care	5/1/2009	

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
a.i.b.1.		claims for no valid initial level of care determination to show justification or remediation of these occurrences.	Services		
a.i.a.2 a.i.b.1.	B.6.	Begin generating a monthly MMIS / ISIS report showing denials for no valid initial LOC eligibility determination.	Bureau of Long Term Care Services	2/1/2009	
a.i.a.2 a.i.b.1.	B.7.	Establish a quarterly reporting mechanism listing justifications or remediation of instances where initial LOC eligibility determinations are not timely.	Bureau of Long Term Care Services	2/28/2009	
a.i.a.2 a.i.b.1.	B.8.	Begin utilization of the LOC reporting process for analysis by the QMC committee.	Bureau of Long Term Care Services	7/1/2009	
B-3 Goal: To revise the established processes for collecting, reporting, aggregating and analyzing performance and remediation data for continued stay reviews (CSR). **(Sub-assurance a.i.a.2, a.i.b.1.; Action Steps B.1., B.5-13.)**					
a.i.b.1.	B.9.	Revise current procedures into a written policy describing the process whereby waiver program managers monitor ISIS delinquent continued stay review reports to show justification or remediation of these occurrences.	Bureau of Long Term Care Services	5/1/2009	
a.i.b.1.	B.10.	Develop an electronic tracking tool to collect and analyze justification and / or remediation data on delinquent continued stay reviews.	Bureau of Long Term Care Services	5/1/2009	
a.i.b.1.	B.11.	Develop a format for monthly, quarterly and annual CSR Remediation Reports.	Bureau of Long Term Care Services	7/1/2009	
a.i.b.1.	B.12.	Begin monthly, quarterly and annual aggregation of data for CSR Remediation Reports.	Bureau of Long Term Care Services	7/1/2009	

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
a.i.b.1.	B.13.	Produce the first monthly CSR Remediation Report showing remediation data for analysis by the QMC committee.	Bureau of Long Term Care Services	7/1/2009	
B-4 Goal: To revise IME Medical Services Unit Waiver Programs Internal Quality Control Reviews to collect performance data relative the accuracy of initial and annual level of care determinations. **(Sub-assurance a.i.c.1-2.; Action Steps B.1., B.3., B.14-17.)**					
a.i.c.1. a.i.c.2.	B.14.	Review and revise Internal Quality Control tool include new or revised components for documenting data on the accuracy of initial and annual level of care determinations.	Medical Services Unit	7/1/2009	
a.i.c.1. a.i.c.2.	B.15.	Revise Internal Quality Control procedures into a written process for reporting on the accuracy of initial and annual level of care determinations.	Medical Services Unit	11/1/2008	
a.i.c.1. a.i.c.2.	B.16.	Revise current Internal Quality Control procedures into written policies for resolution of inaccurate initial and annual level of care determinations.	Medical Services Unit	11/1/2008	
a.i.c.1. a.i.c.2.	B.17.	Begin utilization of the modified Medical Services Waiver QA Internal Quality Control documentation and reporting processes for analysis by the QMC committee.	Bureau of Long Term Care Services	11/1/2008	
C. QUALIFIED PROVIDERS: (Section C of the work plan outlines actions that must be completed for the state to collect, aggregate, report, and analyze data in accordance with performance measures specified in Appendix C (Participant Services) of the 3.5 Waiver Application.)					

PERFORMANCE MEASURES

Performance Measures (PM) related to each work plan action step are listed in the first column of the grid. For reference, all performance measures for this section are listed below.

a.i.a. Sub-assurance: The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services. – across waivers.

a.i.a.1. Number and percentage of newly enrolled providers (licensed, certified, non-licensed) who met or did not meet provider criteria (by provider type).

a.i.a.2. Number and percentage of currently enrolled licensed / certified providers who met or did not meet provider criteria (by provider type).

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
a.i.b. Sub-assurance: The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements – across waivers. a.i.b.1. Number and percentage of currently enrolled non-licensed providers who met or did not meet provider criteria (by provider type). a.i.b.2. Number and percentage of newly enrolled non-licensed providers who met or did not meet provider criteria (by provider type). **a.i.c. Sub-assurance: The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.** a.i.c.1. Number and percentage of providers (specific by service) that meeting training requirements as outlined in the provider manual.					
SECTION GOALS: 1) To review and revise the established processes for collecting, reporting, aggregating and analyzing Provider Services Unit's performance and remediation data to ensure that initially and on a continuous basis licensed / certified providers meet all applicable waiver standards. **(Sub-assurance a.i.a.1-2; Action Steps C.1-3.)** 2) To review and revise the established processes for collecting, reporting, aggregating and analyzing Provider Services Unit's performance and remediation data to ensure that initially and on a continuous basis unlicensed / non-certified providers meet all applicable waiver standards. **(Sub-assurance a.i.b.1-2); Action Steps C.4-5.)** 3) To review and revise the HCBS Services Unit 's established provider oversight processes to verify and ensure that waiver providers are compliant with all applicable training requirements. **(Sub-assurance a.i.c.1.; Action Steps C.6-8.)**					
C-1 Goal: To review and revise the established processes for collecting, reporting, aggregating and analyzing Provider Services Unit's performance and remediation data to ensure that initially and on a continuous basis licensed / certified providers meet all applicable waiver standards. **(Sub-assurance a.i.a.1-2; Action Steps C.1-3.)**					
a.i.a.1.	C.1.	Modify monthly and quarterly data reports to report applications approved and denied by provider type.	Provider Services Unit	7/1/2009	
a.i.a.2.	C.2.	Develop a strategy and schedule to assure reenrollment of all waiver providers on a four-year cycle.	Provider Services Unit	7/1/2009	
a.i.a.2. a.i.b.1.	C.3.	Coordinate Provider Services reenrollment process with HCBS Services provider oversight process so all performance and remediation data is available.	Provider Services Unit / HCBS Services Unit	7/1/2009	
C-2 Goal: To review and revise the established processes for collecting, reporting, aggregating and analyzing Provider Services Unit's performance and remediation data to ensure that initially and on a continuous basis unlicensed / non-certified providers meet all applicable waiver standards. **(Sub-assurance a.i.b.1-2); Action Steps C.4-5.)**					

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
a.i.b.2	C.4.	Modify monthly and quarterly data reports from Provider Services to report applications approved and denied by provider type.	Provider Services Unit	7/1/2009	
a.i.b.1.	C.5.	Develop a strategy and schedule to assure reenrollment of all waiver providers on a four-year cycle.	Provider Services Unit	7/1/2009	
C-3 Goal: To review and revise the HCBS Services Unit 's established provider oversight processes to verify and ensure that waiver providers are compliant with all applicable training requirements. **(Sub-assurance a.i.c.1.; Action Steps C.6-8.)**					
a.i.c.1.	C.6.	Revise the HCBS Services unit provider oversight process to require provider training information on an annual basis.	HCBS Services Unit	7/1/2009	
a.i.c.1.	C.7.	Develop an electronic mechanism to input and analyze training data, individual provider remediation activities and statewide system remediation activities.	HCBS Services Unit	7/1/2009	
a.i.c.1.	C.8.	Develop a format for quarterly and annual Provider Training reports.	HCBS Services Unit	7/1/2009	
D. SERVICE PLAN: (Section D of the work plan outlines actions that must be completed for the state to collect, aggregate, report, and analyze data in accordance with performance measures specified in Appendix D (Participant-Centered Planning and Service Delivery) of the 3.5 Waiver Application.)					

PERFORMANCE MEASURES

Performance Measures (PM) related to each work plan action step are listed in the first column of the grid. For reference, all performance measures for this section are listed below.

a.i.a. Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

a.i.a.1. Number and percentage of service plans where risks are addressed.

a.i.a.2. Number and percentage of service plans consistent with all needs identified in the assessment including needs addressed by sources other than HCBS waiver services.

a.i.b. Sub-assurance: The state monitors service plan development in accordance with its policies and procedures.

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
a.i.b.1. Number and percentage of TCM/CM/SW progress notes which indicate that contacts with the member occurred on a timely basis. **a.i.c. Sub-assurance: Service plans are updated / revised at least annually or when warranted by changes in the waiver participant's needs.** a.i.c.1. Number and percent of service plans which are revised annually. a.i.c.2. Number and percentage of records indicating that plans were revised when warranted by a change in level of care. **a.i.d. Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.** a.i.d.1. Number and percentage of member surveys reporting the receipt of all services identified in the plan. **a.i.e. Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.** a.i.e.1. Number and percentage of members whose records contain an appropriately completed and signed statement of choice that specifies that choice was offered between waiver services and institutional care. a.i.e.2. Number and percentage of members who indicated that they received a choice of waiver providers.					
SECTION GOALS: 1) To revise Medical Services Unit Waiver Programs QA Desk Reviews to collect performance data relative to the accuracy and effectiveness of the service plan. **(Sub-assurance a.i.a.1-2, a.i.c.1., a.i.e.1; Action Steps D. 1-7.)** 2) To revise the established processes for collecting, reporting, aggregating and analyzing remediation data from Medical Services Unit Waiver Programs QA Desk Reviews. **(Sub-assurance a.i.a.1-2, a.i.c.1., a.i.e.1.; Action Steps D.1-7.)** 3) To revise the established processes for collecting, reporting, aggregating and analyzing member survey (I-PES) data and remediation data relative to the receipt of services. **(Sub-assurance a.i.d.1., a.i.e.2.; Action Steps D.1., D.8-14.)** 4) To collect, report, aggregate and analyze performance and remediation data from ISIS relative to service plans, plan updates and choice of providers. **(Sub-assurance a.i.b.1., a.i.c.2. Action Steps D.1-17.)**					
D-1 Goal: To revise Medical Services Unit Waiver Programs QA Desk Reviews to collect performance data relative to the accuracy and effectiveness of the service plan. **(Sub-assurance a.i.a.1-2, a.i.c.1., a.i.e.1; Action Steps D. 1-7.)**					
a.i.a.1-2, a.i.b.1., a.i.c.1-2.,	D.1.	Finalize sampling methodology revisions to utilize representative sample at a 95% confidence level.	Medical Services Unit	7/1/2009	

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
a.i.d.1., a.i.e.1-2.					
a.i.a.1-2, a.i.b.1., a.i.c.1-2., a.i.e.1-2.	D.2.	Review and revise desk review tools to include new or revised components for documenting; (a) the identification of health and safety risks, (b) identification of member needs, (c) plan development, and (d) member choice.	Medical Services Unit	6/1/2009	
a.i.a.1-2, a.i.b.1., a.i.c.1-2., a.i.e.1-2.	D.3.	Revise and coordinate desk review procedures into a written for reporting on the status of the plan in regard to; (a) the identification of health and safety risks, (b) identification of member needs, (c) plan development, and (d) member choice.	Medical Services Unit / HCBS Services Unit	7/1/2009	
a.i.a.1-2, a.i.b.1., a.i.c.1-2., a.i.e.1-2.	D.4.	Begin utilization of the modified Medical Services Waiver QA Desk Reviews documentation and reporting processes for analysis by the QMC committee.	Bureau of Long Term Care Services	7/1/2009	
D-2 Goal: To revise the established processes for collecting, reporting, aggregating and analyzing remediation data from Medical Services Unit Waiver Programs QA Desk Reviews. **(Sub-assurance a.i.a.1-2, a.i.c.1., a.i.e.1.; Action Steps D.1-7.)**.					
a.i.a.1-2, a.i.b.1., a.i.c.1-2., a.i.e.1.	D.5.	Revise desk review procedures into a written for reporting on the status of the plan in regard to; (a) the identification of health and safety risks,	Medical Services Unit	6/1/2009	

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
		(b) identification of member needs, (c) plan development, and (d) member choice.			
a.i.a.1-2, a.i.b.1., a.i.c.1-2., a.i.e.1.	D.6.	Revise current desk review procedures into written policies for remediation of the lack of service plan components including those addressing: (a) the identification of health and safety risks, (b) identification of member needs, (c) plan development, and (d) member choice.	Bureau of Long Term Care Services	6/1/2009	
a.i.a.1-2, a.i.b.1., a.i.c.1-2., a.i.e.1.	D.7.	Begin utilization of the modified Medical Services Waiver QA Desk Reviews documentation and reporting processes for analysis by the QMC committee.	Bureau of Long Term Care Services	7/1/2009	
D-3 Goal: To revise the established processes for collecting, reporting, aggregating and analyzing member survey (I-PES) data and remediation data relative to the receipt of services. **(Sub-assurance a.i.d.1., a.i.e.2.; Action Steps D.1., D.8-14.)**					
a.i.d.1., a.i.e.2.	D.8.	Finalize sampling methodology revisions to utilize representative sample at a 95% confidence level.	HCBS Services Unit	1/31/2009	
a.i.d.1., a.i.e.2.	D.9.	Finalize modification of I-PES processes and coordinate the collecting, reporting and aggregating of data regarding the planning and receipt of identified services.	HCBS Services Unit / Medical Services Unit	1/31/2009	
a.i.d.1., a.i.e.2.	D.10.	Finalize modification of I-PES follow up reports to identify and remediate inconsistencies in the planning and receipt of identified services.	HCBS Services Unit	1/31/2009	

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
a.i.d.1., a.i.e.2.	D.11.	Develop a format for monthly, quarterly and annual I-PES Remediation Reports.	HCBS Services Unit	2/28/2009	
a.i.d.1., a.i.e.2.	D.12.	Begin monthly, quarterly and annual aggregation of data for I-PES Remediation Reports.	HCBS Services Unit	3/1/2009	
a.i.d.1., a.i.e.2.	D.13.	Produce the first monthly I-PES Remediation Report showing remediation data for analysis by the QMC committee.	Bureau of Long Term Care Services	4/30/2009	
D-4 Goal: To collect, report, aggregate and analyze performance and remediation data from ISIS relative to service plans, plan updates and choice of providers. **(Sub-assurance a.i.b.1., a.i.c.2.; Action Steps D.1-17.)**					
a.i.b.1., a.i.c.1-2., a.i.e.2.	D.14.	Submit IT requests to: a) modify an IM milestone regarding choice of waiver over institutional care, b) add a service plan milestone regarding choice of waiver services and providers, c) generate a monthly ISIS report showing service plans which have not been reviewed in the past 12 month time period, and d) generate a monthly ISIS report to show service plans which were not revised following a level of care change.	Bureau of Long Term Care Services	12/31/2008	
a.i.c.1-2.	D.15.	Begin generating a monthly ISIS report showing service plans which have not been reviewed in the past 12 month time period and service plans which have not been updated following a level of care change.	Bureau of Long Term Care Services	7/1/2009	
a.i.c.1-2.	D.16.	Establish a quarterly reporting mechanism listing justifications or remediation of instances where service plans were not reviewed in the past 12 month time period or updated following a level of	Bureau of Long Term Care Services	7/1/2009	

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
		care change.			
a.i.b.1., a.i.c.1-2.	D.17.	Begin utilization of the POC reporting process for analysis by the QMC committee.	Bureau of Long Term Care Services	7/1/2009	

G. HEALTH & WELFARE: The state, on an ongoing basis, identifies addresses and seeks to prevent the occurrence of abuse, neglect and exploitation. (Section G of the work plan outlines actions that must be completed for the state to collect, aggregate, report, and analyze data in accordance with performance measures specified in Appendix G (Participant Safeguards) of the 3.5 Waiver Application.)

PERFORMANCE MEASURES

Performance Measures (PM) related to each work plan action step are listed in the first column of the grid. For reference, all performance measures for this section are listed below.

a.i. For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

a.i.1. Number and type of critical incidents, by type.
a.i.2. Average number of critical incidents per waiver recipient.
a.i.3. Number of waiver member deaths from unexplained or suspicious causes.
a.i.4. Number and percentage of unreported critical incidents that should have been reported.
a.i.5. Number and percentage of I-PES survey respondents who indicated knowledge of how to report instances of abuse, neglect or exploitation.
a.i.6. Number and percentage of I-PES survey respondents who reported that people take their things without asking.
a.i.7. Number and percentage of I-PES survey respondents who reported that staff yell or scream at them.
a.i.8. Number and percentage of I-PES survey respondents who reported they do now feel safe where they live.
a.i.9. Number and percentage of I-PES survey respondents who reported they are not retreated with respect and dignity.

SECTION GOALS:

1) Define a more comprehensive incident, complaint, and restraint management process by reviewing current state systems and designing an efficient infrastructure for incident and remediation information. **(Assurance a.i.1-4; Action Steps G.1-12.)**
2) Determine methods and systems for uniform incident, complaint and restraint management across disabilities and waiver programs.**(Assurance a.i.1-4.; Action Steps G.1-12.)**
3) To revise IME Medical Services Unit Waiver Programs QA Desk Reviews to collect data on unreported critical incidents that should have been reported. **(Assurance a.i.4.; Actions Steps G.1-12.)**
4) To improve the mortality review process by incorporating a medical review. **(Assurance a.i.3.; Action Steps G.1-4., G.8-12.)**
5) To revise the established processes for collecting, reporting, aggregating and analyzing member survey (I-PES) data and remediation data regarding health and safety concerns.

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
(Assurance a.i.5-9.; Action Steps G.13-18.)					
G-1 Goal: Define a more comprehensive incident, complaint, and restraint management process by reviewing current state systems and designing an efficient infrastructure for incident and remediation information. **(Assurance a.i.1-4; Action Steps G.1-12.)**					
a.i.1-3.	G.1.	Review incident, complaint and restraint management systems utilized in other states.	HCBS Services Unit	12/31/2008	
a.i.1-3.	G.2.	Submit an IT request to review information obtained for compatibility with the data warehouse.	Bureau of Long Term Care Services	2/1/2009	
G-2 Goal: Determine methods and systems for uniform incident, complaint and restraint management across disabilities and waiver programs.**(Assurance a.i.1-4.; Action Steps G.1-12.)**					
a.i.1-3.	G.3.	Submit an administrative rule change to require implementation of comprehensive incident, complaint, and restraint management standards across waiver programs.	Bureau of Long Term Care Services	12/31/2008	
a.i.1-4.	G.4.	Implement a comprehensive and efficient incident, complaint, and restraint management system.	Bureau of Long Term Care Services	7/1/2009	
G-3 Goal: To revise IME Medical Services Unit Waiver Programs QA Desk Reviews to collect data on unreported critical incidents that should have been reported. **(Assurance a.i.4.; Actions Steps G.1-12.)**					
a.i.4.	G.5.	Review and revise desk review tools to include new or revised components for documenting unreported critical incidents that should have been reported.	Medical Services Unit	6/1/2009	
a.i.4.	G.6.	Begin utilization of the modified Medical Services Waiver QA Desk Reviews documentation and reporting processes.	Medical Services Unit	7/1/2009	
a.i.4.	G.7.	Modify monthly and quarterly data reports from Medical Services to identify and remediate unreported critical incidents that should have been reported.	Bureau of Long Term Care Services	7/1/2009	
G-4 Goal: To improve the mortality review process by incorporating a medical review. **(Assurance a.i.3.; Action Steps G.1-4., G.8-12.)**					

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
a.i.3.	G.8.	Review mortality review systems utilized in other states.	HCBS Services Unit	12/31/2008	
a.i.3.	G.9.	Develop mortality review screening requirements for an additional review by a medical professional.	HCBS Services Unit	2/1/2009	
a.i.3.	G.10.	Develop a format for monthly, quarterly and annual Mortality Review Reports.	HCBS Services Unit	4/1/2009	
a.i.3.	G.11.	Begin monthly, quarterly and annual aggregation of data for Mortality Review Reports.	HCBS Services Unit	7/1/2009	
a.i.3.	G.12.	Produce the first monthly Mortality Review Report.	Bureau of Long Term Care Services	7/1/2009	
G-5 Goal: To revise the established processes for collecting, reporting, aggregating and analyzing member survey (I-PES) data and remediation data regarding health and safety concerns. **(Assurance a.i.5-9.; Action Steps G.13-18.)**					
a.i.5-9.	G.13.	Finalize sampling methodology revisions to utilize representative sample at a 95% confidence level.	HCBS Services Unit	7/1/2009	
a.i.5	G.14.	Submit an IT request for incorporation of consumer survey data and reporting formats into the data warehouse.	Bureau of Long Term Care Services	3/31/2009	
a.i.5	G.15.	Finalize the revision of established processes and modify I-PES follow up reports to identify and remediate issues of health, safety, abuse, and neglect.	HCBS Services Unit	1/31/2009	
a.i.5	G.16.	Develop a format for monthly, quarterly and annual I-PES Incident Reports.	HCBS Services Unit	2/28/2009	
a.i.5	G.17.	Begin monthly, quarterly and annual aggregation of data for I-PES Remediation Reports.	HCBS Services Unit	3/1/2009	

IOWA 1915 (C) VERSION 3.5 FRAIL ELDERLY WAIVER WORKPLAN (4155.90.R4 - 1008) 11/03/2008					
PM No.	**Action Step No.**	**Action Steps**	**Responsible Agency/Staff**	**Target Date for Completion**	**Status**
a.i.5	G.18.	Produce the first monthly I-PES Incident Report showing remediation data for analysis by the QMC committee.	Bureau of Long Term Care Services	4/30/2009	

I. FINANCIAL ACCOUNTABILITY: The state demonstrates that it has designed and implemented an adequate system for assuring financial accountability of the waiver program. (Section I of the work plan outlines actions that must be completed for the state to collect, aggregate, report, and analyze data in accordance with performance measures specified in Appendix I (Financial Accountability) of the 3.5 Waiver Application.)

PERFORMANCE MEASURES

Performance Measures (PM) related to each work plan action step are listed in the first column of the grid. For reference, all performance measures for this section are listed below.

a.i. For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

a.i.1. Number and percent of claims coded as specified in the waiver application.
a.i.2 Number and percent of claims paid at the correct rate.
a.i.3 Number and percent of claims paid for services not documented.

SECTION GOALS:

1) To modify ISIS and SURS reporting procedures. **(Assurance a.i.; Actions Steps I.1-2.)**

I-1 Goal: To modify ISIS and SURS reporting procedures. **(Assurance a.i.; Actions Steps I.1-2.)**

a.i.1. a.i.3.	I.1.	Modify monthly and quarterly data reports from SURS to identify and remediate paid claims without substantiating documentation.	SURS Unit	2/1/2009	
a.i.2.	I.2.	Begin generating a monthly ISIS report showing claims paid for more than the approved rate.	Bureau of Long Term Care Services	7/1/2009	